IN RE:

IN THE UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION

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	§ §	CASE NO. 24-33291
Anthony Lewis and Enotris A Lewis	\$ \$ \$ \$ \$ \$ \$ \$	
DEBTOR(S)	§ §	CHAPTER 7
DEBTOR(S)' CERTIFICATION PAYMENT ADVICES		
<u>DEBTOR</u> :		
I, Anthony Lewis , a debtor in the above-reference is true and correct:	nced case, declar	e under penalty of perjury that the foregoing
(CHECK ONE OF THESE BOXES):		
☐ I have not been employed by any employer with I did not receive any payment advices or other ex		
☐ I was employed by an employer within 60 days received payment advices or other evidence of		filed my bankruptcy petition, but I have not
☐ I have received payment advices or other evident bankruptcy petition from any employer or other		
Date Signature	Inthon Line	Lewis, Debtor
	Anthony	Lewis, Debtor
JOINT DEBTOR:		
I, Enotris A Lewis , a joint debtor in the above foregoing is true and correct:	ve-referenced cas	ee, declare under penalty of perjury that the
(CHECK ONE OF THESE BOXES):		
☐ I have not been employed by any employer with I did not receive any payment advices or other ex		
☐ I was employed by an employer within 60 days received payment advices or other evidence of		
☐ I have received payment advices or other evident bankruptcy petition from any employer or other		
Date Signature	e Duis	1
	Enotris A	Lewis, Joint Debtor

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NON-NEGOTIABI

ENOTRIS A LEWIS 4850 GYPSY FOREST DRIVE HUMBLE TX 77346

NON-NEGOTIABLE

PERSONAL AND CHECK INFORMATION Enotris A Lewis		EARNINGS	BASIS OF DESCRIPTION PAY	HRS/UNITS	RATE	CURRENT (\$)	YTD HRS/UNITS	YTD (\$)
4850 Gypsy Forest Drive			Birthday				8.0000	176.00
Humble, TX 77346			Regular Earnings	55.6700	23.0000	1280.41	1087.3800	24434.40
Employee ID: 1254			Overtime				180.2700	6080.82
			Holiday	8.0000	23.0000	184.00	48.0000	1072.00
Home Department: 200 STAFF			Sick				20.0000	452.00
•			Vacation	<u>16.0000</u>	23.0000	368.00	36.0000	808.00
Pay Period: 06/30/24 to 07/13/24			Total Hours	79.6700			1379.6500	
Check Date: 07/18/24			Total Hrs Worked	d 55.6700				
NET PAY ALLOCATIONS			Gross Earnings			1832.41		33023.22
NET PAT ALLOCATIONS		WITHHOLDIN	DESCRIPTION	FILING STATE	JS	CURRENT (\$)		YTD (\$)
DESCRIPTION THIS PERIOD (\$)	YTD (\$)	GS						,
Check Amount 0.00	0.00		Social Security			99.11		1829.88
Chkg 079 <u>1332.23</u>	24240.28		Medicare			23.17		427.95
NET PAY 1332.23	24240.28		Fed Income Tax	MWS 1		135.36		2887.01
TIME OFF (Based on Policy Year)								
			TOTAL			257.64		5144.84
DESCRIPTION AVAILBAL		DEDUCTION	DESCRIPTION			CURRENT (\$)		YTD (\$)
Birthday 0.00 hrs			MED 125			233.94		2500.10
DESCRIPTION AVAILBAL			MED 125					3509.10
Breavement 0.00 hrs			SUPP LIFE INSU			8.60		129.00
DESCRIPTION AVAILBAL			TOTAL			242.54		2020.40
CME 0.00 hrs			TOTAL			242.54		3638.10
DESCRIPTION AVAILBAL								
Off - Not Paid 0.00 hrs								
DESCRIPTION AVAILBAL								
Sick 8.00 hrs								
DESCRIPTION AVAILBAL								
Travel 0.00 hrs								
DESCRIPTION AVAILBAL								
Vacation 60.00 hrs								
74541611								
		NET PAY				THIS PERIOD	(\$)	YTD (\$)
		, VLIIAI				1332		24240.28
Payrolls by Paychey Inc								

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Payrolls by Paychex, Inc **NON-NEGOTIABL**

ENOTRIS A LEWIS 4850 GYPSY FOREST DRIVE HUMBLE TX 77346

NON-NEGOTIABLE

PERSONAL AND CHECK INFORMATION Enotris A Lewis 4850 Gypsy Forest Drive	EARNINGS	BASIS OF DESCRIPTION PAY Birthday	HRS/UNITS	RATE	CURRENT (\$)	YTD HRS/UNITS 8.0000	<i>YTD (\$)</i> 176.00
Humble, TX 77346		Regular Earnings	80.0000	23.0000	1840.00	1031.7100	23153.99
Employee ID: 1254		Overtime	10.0300	34.5000	346.04	180.2700	6080.82
		Holiday				40.0000	888.00
Home Department: 200 STAFF		Sick				20.0000	452.00
		Vacation				20.0000	440.00
Pay Period: 06/16/24 to 06/29/24		Total Hours	90.0300			1299.9800	
Check Date: 07/03/24		Total Hrs Worker	90.0300				
	_	Gross Earnings	•		2186.04		31190.81
NET PAY ALLOCATIONS	WITHHOLDIN	DESCRIPTION	FILING STATU	10	CURRENT (\$)		YTD (\$)
DECODIDEION THIS DEDICE (6)		DESCRIPTION	FILING STATE)3	CORRENT (\$)		τιυ (φ)
DESCRIPTION THIS PERIOD (\$) YTD (\$	7	Social Security			121.03		1730.77
Check Amount 0.00 0.0		Medicare			28.31		404.78
Chkg 079 <u>1616.37</u> <u>22908.0</u>	_ '	Fed Income Tax	MWS 1		177.79		2751.65
NET PAY 1616.37 22908.0	<u>5</u>	red income rax	IVIVVO		177.79		2751.05
TIME OFF (Based on Policy Year)		TOTAL			327.13		4887.20
	DEDUCTION	DESCRIPTION					_
DESCRIPTION AVAILBAL	DEDUCTION	DESCRIPTION			CURRENT (\$)		YTD (\$)
Birthday 0.00 hrs		MED 125			233.94		3275.16
DESCRIPTION AVAILBAL							
Breavement 0.00 hrs		SUPP LIFE INSU			8.60		120.40
DESCRIPTION AVAILBAL		TOTAL			242.54		2205.50
CME 0.00 hrs		TOTAL			242.54		3395.56
DESCRIPTION AVAILBAL							
Off - Not Paid 0.00 hrs							
DESCRIPTION AVAILBAL							
Sick 4.00 hrs							
DESCRIPTION AVAILBAL							
Travel 0.00 hrs							
DESCRIPTION AVAILBAL							
Vacation 76.00 hrs							
Vacation 75.55 ms							
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	NIETE DAY				THIS PERIOL	7 (6)	YTD (\$)
	NET PAY				1616		22908.05
					1010	5.57	22300.03
Payrolls by Paychex, Inc.							

6/26/2024 9:00 AM FROM: Office Depot #6186 P. 1 / 16

Case 24-33291 Document 4 Filed in TXSB on 07/24/24 Page 4 of 7

ALLIANCE HEALTH RESOURCES MOBILE 2910 Center St Deer Park TX 77536

Y470-B918 ORG1:200 STAFF EE ID: 1254 DD

ENOTRIS A LEWIS 4850 GYPSY FOREST DRIVE HUMBLE TX 77346

PERSONAL AND CHECK INFORMATION Enotris A Lewis	EARNINGS	BASIS OF DESCRIPTION PAY	HRS/UNITS	RATE	CURRENT (\$)	YTD HRS/UNITS	YTD (\$)
4850 Gypsy Forest Drive	****	Birthday	00.0000	23,0000	1010.00	8.0000	176.00
Humble, TX 77346 Employee ID: 1254		Regular Earnings Overtime	80.0000 10.6800	345000	1840.00	951.7100 170.2400	21313.99
Employee ib. 1204		Holiday	10,0000	342000	368.46	40.0000	5734.78 888.00
Home Department: 200 STAFF		Sick				20.0000	452.00
		Vacation				20.0000	440.00
Pay Period: 06/02/24 to 06/15/24		Total Hours	90.6800			1209.9500	
Check Date: 06/20/24		Total Hrs Worke					
NET PAY ALLOCATIONS		Gross Earnings			2208.46		29004.77
	MITHHOLDIN	DESCRIPTION	FILING STATU	S	CURRENT (\$)		YTD (\$)
DESCRIPTION THIS PERIOD (\$) YTD (\$)	GS						
Check Amount 0.00 0.00		Social Security			122,42		1609.74
Chkg 079 <u>1634.39</u> <u>21291.68</u>		Medicare			28.63		376.47
NET PAY 1634.39 21291.68		Fed Income Tax	MWS 1		180.48		2573.86
TIME OFF (Based on Policy Year)	WW III AAA	TOTAL			331.53		4560.07
DESCRIPTION AVAILBAL	DEDUCTION	DESCRIPTION			CURRENT (\$)		4560.07 YTD (\$)
Birthday 0.00 hrs		DEGOINI NON			CONNEIVI (3)		110(\$)
DESCRIPTION AVAILBAL		MED 125			233.94		3041.22
Breavement 0.00 hrs		SUPP LIFE INSU	J		8.60		111.80
DESCRIPTION AVAILBAL	1						
CME 0.00 hrs		TOTAL			242.54		3153.02
DESCRIPTION AVAILBAL							
Off Not Paid 0.00 hrs	**************************************						
DESCRIPTION AVAILBAL							
Sick 4.00 hrs							
DESCRIPTION AVAILBAL							
Travel 0.00 hrs							
DESCRIPTION AVAILBAL							
Vacation 76.00 hrs	THE PROPERTY OF THE PROPERTY O						
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Case 24-33291 Document 4 Filed in TXSB on 07/24/24 Page 5 of 7

ALLIANCE HEALTH RESOURCES MOBILE 2910 Center St Deer Park TX 77536

Y470-B918 ORG1:200 STAFF EE ID: 1254 DI

ENOTRIS A LEWIS 4850 GYPSY FOREST DRIVE HUMBLE TX 77346

PERSONAL AND CHECK INFORMATION Enotris A Lewis	EARNINGS	BASIS OF DESCRIPTION PAY	HRS/UNITS	RATE	CURRENT (\$)	YTD HRS/UNITS	YTD (\$)
4850 Gypsy Forest Drive		Birthday	69.8200	23.0000	4005.00	8.0000	176.00
Humble, TX 77346 Employee ID: 1254		Regular Earnings Overtime	28.5500	345000	1605.86 984.98	871.7100 159.5600	19473.99 5366.32
Employee ib. 1204		Holiday	8.0000	23,0000	184.00	40.0000	888.00
Home Department: 200 STAFF		Sick	0.0000		104.00	20.0000	452.00
		Vacation				20.0000	440.00
Pay Period: 05/19/24 to 06/01/24		Total Hours	106.3700			1119.2700	
Check Date: 06/06/24		Total Hrs Worke					
NET PAY ALLOCATIONS		Gross Earnings			2774.84		26796.31
WELLY VECTORALIONS	WITHHOLDIN	DESCRIPTION	FILING STATU	S	CURRENT (\$)	 	YTD (\$)
DESCRIPTION THIS PERIOD (\$) YTD (\$)	GS				1.7		
Check Amount 0.00 0.00		Social Security			157.54		1487.32
Chkg 079 <u>2056.34</u> <u>19657.29</u>		Medicare			36.84		347.84
NET PAY 2056.34 19657.29		Fed Income Tax	MWS 1		281.58		2393.38
TIME OFF (Based on Policy Year)		70741					
end of	DEDUCTION	TOTAL			475.96		4228.54
DESCRIPTION AVALBAL	DEDUCTION	DESCRIPTION			CURRENT (\$)		YTD (\$)
Birthday 0.00 hrs		MED 125			233.94		2807.28
DESCRIPTION AVAILBAL		SUPP LIFE INSU	I		8.60		103.20
Breavement 0.00 hrs		3317 211 2 11130	,		0.00		103.20
DESCRIPTION AVAILBAL CME 0.00 hrs		TOTAL			242.54		2910.48
DESCRIPTION AVALBAL							-5,151.15
Off Not Paid 0.00 hrs							1 1
DESCRIPTION AVALBAL							
Sick 4.00 hrs							2. 9
DESCRIPTION AVAILBAL							··· f
Travel 0.00 hrs							:
DESCRIPTION AVAILBAL							100
Vacation 76.00 hrs							
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Case 24-33291 Document 4 Filed in TXSB on 07/24/24 Page 6 of 7

ALLIANCE HEALTH RESOURCES MOBILE 2910 Center St Deer Park TX 77536

PERSONAL AND CHECK INFORMATION

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Enotris A Lewis

Y470-B918 ORG1:200 STAFF EE ID: 1254 DD

ENOTRIS A LEWIS 4850 GYPSY FOREST DRIVE HUMBLE TX 77346

EARNINGS

A LEWIS
SY FOREST DRIVE
FX 77346

HRS/UNITS

RATE

CURRENT (\$)

HRS/UNITS

YTD (\$)

4850 Gypsy Forest Drive			Birthday			8.0000	176.00
Humble, TX 77346			Regular Earnings	80.0000	230000 1840.00	801.8900	17868.13
Employee ID: 1254			Overtime	33.3000	345000 1148.85	131.0100	4381.34
			Holiday			32.0000	704.00
Home Department: 200 STAFF			Sick			20.0000	452.00
			Vacation			20.0000	440,00
Pay Period: 05/05/24 to 05/18/24			Total Hours	113.3000		1012.9000	
Check Date: 05/23/24			Total Hrs Worked	113.3000			
NET PAY ALLOCATIONS			Gross Earnings		2988.85		24021.47
		WITHHOLDIN	DESCRIPTION FIL	LING STATUS	CURRENT (\$)		YTO (\$)
DESCRIPTION THIS PERIOD (\$)	YTD (\$)	GS			. ,		
Check Amount 0.00	0.00		Social Security		170.80		1329.78
Chkg 079 <u>2206.90</u>	17600.95		Medicare		39.95		311.00
NET PAY 2206.90	17600.95		Fed Income Tax M\	WS 1	328.66		2111.80
TIME OFF (Based on Policy Year)							
att er			TOTAL		539.41		3752.58
DESCRIPTION AVAILBAL		DEDUCTION	DESCRIPTION		CURRENT (\$)		YTD (\$)
Birthday 0.00 hrs			LIES 40F				2.244.213
DESCRIPTION AVALBAL			MED 125		233.94		2573.34
Breavement 0.00 hrs			SUPP LIFE INSU		8.60		94.60
DESÒRIPTION AVALBAL					212.51		
CME 0.00 hrs			TOTAL		242.54		2667.94
DESCRIPTION AVAILBAL							
Off Not Paid 0.00 hrs							
DESCRIPTION AVAILBAL							
Sick 0.00 hrs							
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Travel 0.00 hrs							
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BASIS OF DESCRIPTION

PAY

Case 24-33291 Domen New Filed in TXSB on 07/24/24 Page 7 of 7

BENEFICIARYS NAME: ANTHONY LEWIS

Your Social Security benefit will increase by **3.2**% in 2024 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,995.70
Deductions:	Ψ1,000.10
Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00)	-\$174.70
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2023 on or about January 17, 2024.	\$1,821.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

If you still get a paper check, you must visit the Department of the Treasury's website at **www.godirect.gov** to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You must have good reason for waiting more than 60 days to file an appeal. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at www.ssa.gov/forms to locate the form. If you need help with the form, please call us.

Need more help?

1. Visit www.ssa.gov for fast, simple, and secure online service.

2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.

3. You may also call your local office at 866-931-2729.

SOCIAL SECURITY 5414 ALDINE MAIL RD HOUSTON, TX 77039